

<i>SERFF Tracking Number:</i>	<i>MRKC-126492389</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Markel Insurance Company</i>	<i>State Tracking Number:</i>	<i>44945</i>
<i>Company Tracking Number:</i>	<i>MAH300/400</i>		
<i>TOI:</i>	<i>H04 Health - Blanket Accident/Sickness</i>	<i>Sub-TOI:</i>	<i>H04.001 Student</i>
<i>Product Name:</i>	<i>Student A&H</i>		
<i>Project Name/Number:</i>	<i>Student A&H/MAH300/400</i>		

Filing at a Glance

Company: Markel Insurance Company

Product Name: Student A&H

TOI: H04 Health - Blanket Accident/Sickness

Sub-TOI: H04.001 Student

Filing Type: Form

SERFF Tr Num: MRKC-126492389 State: Arkansas

SERFF Status: Closed-Approved-
Closed

Co Tr Num: MAH300/400

Authors: Carol Depuy, Jolene
Kaczmar, Sue Bogusz

Date Submitted: 02/19/2010

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 02/22/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

State Filing Description:

Implementation Date:

General Information

Project Name: Student A&H

Project Number: MAH300/400

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Forms MAH300
(10/09) and MAH400 (10/09) submitted to the
State of Illinois December 18, 2009. Current
SERFF status is Assigned to Reviewer.

Market Type: Group

Group Market Size: Large

Group Market Type: Blanket

Explanation for Other Group Market Type:

State Status Changed: 02/22/2010

Created By: Sue Bogusz

Corresponding Filing Tracking Number:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 02/22/2010

Deemer Date:

Submitted By: Carol Depuy

Filing Description:

Optional riders to provide additional dental and vision coverage. These riders will become part of our blanket accident and health form filing series MAH100, et al which was approved by the State of Arkansas on 12/28/95.

Company and Contact

SERFF Tracking Number: MRKC-126492389 State: Arkansas
 Filing Company: Markel Insurance Company State Tracking Number: 44945
 Company Tracking Number: MAH300/400
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
 Product Name: Student A&H
 Project Name/Number: Student A&H/MAH300/400

Filing Contact Information

Bogusz Sue, Regulatory Compliance Assistant sbogusz@markelcorp.com
 184 Shuman Blvd 630-778-7770 [Phone] 245 [Ext]
 Suite 390 804-527-7915 [FAX]
 Naperville, IL 60563

Filing Company Information

Markel Insurance Company CoCode: 38970 State of Domicile: Illinois
 4600 Cox Road Group Code: 785 Company Type: Property & Casualty
 Glen Allen, VA 23060 Group Name: State ID Number:
 (800) 431-1270 ext. [Phone] FEIN Number: 36-3101262

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: 2 forms @ \$50 per form = \$100.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Markel Insurance Company	\$100.00	02/19/2010	34312357

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Product Name:	Student A&H		
Project Name/Number:	Student A&H/MAH300/400		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/22/2010	02/22/2010

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Disposition

Disposition Date: 02/22/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Dental Expense Benefit	Approved-Closed	Yes
Form	Vision Expense Benefit	Approved-Closed	Yes

SERFF Tracking Number: MRKC-126492389 State: Arkansas
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 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
 Product Name: Student A&H
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Form Schedule

Lead Form Number: MAH100

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 02/22/2010	MAH300 (10/09)	Policy/Cont Dental Expense ract/Fratern Benefit al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		40.900	MAH300 10-09.pdf
Approved-Closed 02/22/2010	MAH400 (10/09)	Policy/Cont Vision Expense ract/Fratern Benefit al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		40.000	MAH400 10-09.pdf

Markel Insurance Company

DENTAL EXPENSE BENEFIT

We will pay 100% of Usual & Customary up to the specified Maximum Benefit Amount Per Course of Treatment up to an overall aggregate maximum of [\$500, \$1,000] per Insured per policy year for preventative and diagnostic care, minor restorative treatment and endodontics.

<u>Category</u>	<u>Maximum Benefit Amount</u>
Preventative & Diagnostic	
(a) Oral Exams, including diagnosis and prophylaxis Limited to two exams during the policy year	[\$36, \$48, \$60]
(b) Bitewings, per film Limited to two during the policy year	[\$4.80, \$6.40, \$8]
(c) X-ray, panoramic or cephalometric Limited to one series in any three consecutive policy years	[\$36, \$48, \$60]
(d) Sealants / topical fluoride Sealants limited to: (i) Dependent children 14 years of age or younger; (ii) a tooth or teeth posterior to cuspids; and (iii) one application in a policy year per tooth. Fluoride treatment is limited to Dependent children 14 years of age or younger	[\$10.20, \$13.60, \$17]
(e) Space maintainers	[\$108, \$144, \$180]
Minor Restorative	
(a) Fillings	[\$42, \$56, \$70]
Endodontics	
(a) Root canals, apicoectomies	[\$192, \$256, \$320]
(b) Root amputation	[\$96, \$128, \$160]
(c) Therapeutic pulpotomy, retrograde fillings, apexification, hemisection	[\$48, \$64, \$80]
A charge for endodontics will be deemed incurred on the date the tooth was opened for root canal therapy.	

“Per Course of Treatment” means all treatment and procedures performed in the oral cavity under a plan of treatment during one or more sessions that are the result of the same initial diagnosis. It also includes any complications during such treatment.

This rider is attached to and becomes a part of this Policy.

Markel Insurance Company

VISION EXPENSE BENEFIT

Vision Exam: We will pay 100% of Usual & Customary up to \$[*variable range of \$30 - \$75*] towards one eye exam by a Physician per policy year.

Frames and Lenses: We will pay 50% of actual Expense up to \$[*variable range of \$30 - \$150*] per policy year towards:

- a. one pair of eyeglass lenses and frames; or
- b. one pair of hard contact lenses; or
- c. disposable contact lenses up to the benefit maximum for regular eyeglass lenses and frames regardless of the number or supply of disposable contact lenses that are purchased.

This rider is attached to and becomes a part of this Policy.

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Supporting Document Schedules

		Item Status:	Status
			Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	02/22/2010
Comments:			
Attachment:			
AR Readability Certification.pdf			

		Item Status:	Status
			Date:
Satisfied - Item:	Application	Approved-Closed	02/22/2010
Comments:			
Form MAH123 (1/95), Blanket Insurance - Application, was approved by the State of Arkansas on 12/28/95.			
Attachment:			
MAH123.pdf			



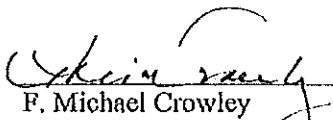
MARKEL
4600 Cox Road
Glen Allen, Virginia 23060
(804) 527-2700
(800) 431-1270
www.markelcorp.com

ARKANSAS READABILITY CERTIFICATION

The Flesch readability scores for the submitted form numbers are as follows:

<u>Form Number</u>	<u>Title</u>	<u>Flesch Score</u>
MAH300 (10/09)	Dental Expense Benefit	40.9
MAH400 (10/09)	Vision Expense Benefit	40

The above forms meet the minimum requirement of 40 as stated by Arkansas Insurance Code 23-80-206 (a) (1).


F. Michael Crowley
President, Markel Specialty

02/09/2010

Date

Markel Insurance Company

Evanston, Illinois 60201

BLANKET INSURANCE - APPLICATION

The undersigned hereby applies for a policy based on the statements set forth below.

Item 1. Name of Policyholder _____
Address _____

Item 2. Underwriting information

Estimated Enrollment

	Male	Female	TOTAL
Resident	_____	_____	_____
Commuter	_____	_____	_____

Method of Enrollment

☐ All Students
☐ Waiver Card
☐ Election Card
☐ Other _____

Intercollegiate Sports

☐ All Sports To Be Included
☐ All Sports To Be Excluded
☐ All Sports To Be Excluded Except _____

Club Sports

☐ All Sports To Be Included
☐ All Sports To Be Excluded
☐ All Sports To Be Excluded Except _____

Intramural Sports

☐ All Sports To Be Included
☐ All Sports To Be Excluded
☐ All Sports To Be Excluded Except _____

School Health Service Information

(a) Does School have Infirmary? Yes ☐ No ☐ Dispensary? Yes ☐ No ☐

(b) If the answer to (a) above is "yes," complete the following:

(1) Any facilities for overnight care? Yes ☐ No ☐ Number of beds? _____

(2) Number of days students may remain at no charge? _____ per semester.

(3) Are X-rays (Any Type) furnished free? Yes ☐ No ☐

(4) Any major or minor surgical facilities? Yes ☐ No ☐

Item 3. Policy Term and Term of Coverage. If the application has been approved by the Company at its Accident and Health Division Office

(a) the policy shall become effective _____ and terminate _____
12:01 A.M. Standard Time at the address of the Policyholder.

(b) Is precertification of admission desired? Yes ☐ No ☐

(c) Is a Student Health Service referral requirement desired? Yes ☐ No ☐ N/A ☐

(d) Benefit Period: ☐ 52 Weeks ☐ 104 Weeks

(e) Extension of Benefits: Yes ☐ No ☐

(f) Coverage Type: ☐ Excess (Coordination of Benefits) ☐ Primary/Motor Vehicle Excess ☐ Primary

Item 4. The Premium for the policy shall be calculated on the following basis as to eligible Insured Persons:

TERM

<input type="checkbox"/> Student	\$ _____	<input type="checkbox"/> Intercollegiate Sports	\$ _____
<input type="checkbox"/> Student/Spouse	\$ _____	<input type="checkbox"/> _____	\$ _____
<input type="checkbox"/> Student/Spouse/Child(ren)	\$ _____	<input type="checkbox"/> _____	\$ _____
<input type="checkbox"/> Student/Child(ren)	\$ _____	<input type="checkbox"/> _____	\$ _____

Premium for each term of coverage shall be payable as follows: _____

It is understood that this Student Insurance Plan is designed to supplement, rather than replace, the facilities which now exist in the School Health Services.

Dated at: _____ this _____ day of _____ 19____

Applied for by: _____

Applicant (School Official)

Agent's Signature: _____

Approved By: _____

Address: _____

On Behalf of Markel Insurance Company